## **Automatic Withdrawal Application**

<ol> <li>Choose payment option</li> <li>Fill out section complete</li> </ol>	•	<u>ne</u> of the boxes below	
3. Mail this form, tax bill o	•	nking information to:	
David B. Stolman	-	2	
18 N. County Stre	,	110454101	
Waukegan, IL 60			
4. This form must be recei		efore installment due date	
☐ Total Tax Bill Paid In Full OR			
☐ Taxes Paid In 2 Installmen	nts On The Du	e Dates	
to my selection below	•	surer to withdraw funds accor	C
Checking: Enclose a Voide your Routing and Account		tter from your financial institu	ıtion stating
Savings: Call your bank f	for the Routin	g number and your Account n	umber
ABA#	ACCOU	NT#	-
Name			
Address			
City	State	Zip	
Permanent Index #		Phone	
This authorization will remain NOTIFICATION from you in a last year and have no changes,	ample time bef	fore the due dates. If you part	

Questions? Please call 847-377-2323